PATENT APPLICATION FEE DETERMINATION RECOF								Application or Docket Number					
								RD 10/702,376					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL		
TOTAL CLAIMS							R/	\TE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FE	385.00	OR	BASIC FEE	770.00	
тс	TAL CHARGE	ABLE CLAIMS	ワ minus 20=		* Ø		XS	9=		OR	X\$18=		
IND	EPENDENT C	LAIMS) mi	nus 3 =	<u>*</u> <u>£</u>	5	X	X43=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM P					45=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II											OTHER		
	(Column 1) (Column 2) (Column 3						SM	ALL	ENTITY	OR 1 1	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	3=		OR	X86=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+14	15=		OR	+290=		
								OTAL FEE		OB	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
В		CLAIMS REMAINING		HIGH	EST	PRESENT			ADDI-			ADDI-	
MENDMENT		AFTER AMENDMENT		PREVIC PAID F	USLY	EXTRA	RA	TE .	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		= ,	X\$	9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM	[=	X4:	3=	,	OR	X86=		
Ll	FIRST PRESE	NIAHON OF MIC	DETIPLE DEP	EINDEINI	CLANVI		+14	5=		OR	+290=		
		·					T(ADDIT.	OTAL FEE		OR	TOTAL ADDIT, FEE	•	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	3=			,X86=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR			
: ж . Н	the entry in colu	mn 1 is less than th	e entry in colu	mn 2. write	"0" in col	umn 3.	+14			OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
		ber Previously Pai					ound in t	ne app	oropriate box	in colu	umn 1.*		